



Motor Vehicle Division

www.dot.state.az.us

Renew By Mail Unit
Motor Vehicle Division
4005 N 51st Ave
Phoenix AZ 85031-2688
Fax 602-712-2558

SPECIAL MILITARY EXEMPTION

Executive Order 2003-10

This form is used to apply for an exemption from the payment of vehicle license tax and registration, penalty and emission fees for members of the Arizona National Guard regular or reserve component called to duty in support of Operations Enduring Freedom or Noble Eagle. It may be mailed or faxed to the unit above.

Vehicle Identification Number	Year	Make	Month/Year Registration Expires
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I request the one of the following:

- ☐ The vehicle described above is **not currently registered**. The registration expired while I was on active military duty. The vehicle has not been operated on the highway since the registration expired. I wish to register this vehicle without payment of any penalty or registration fees and without payment of vehicle license tax, or
- ☐ The vehicle described above is **currently registered**. I wish to renew the registration of the vehicle for the next registration period without payment of any registration fees and without payment of vehicle license tax.

I understand that I may not apply for this exemption for more than two vehicles. Each vehicle requires a separate exemption form. A spouse or personal representative may request an exemption on behalf of an owner/lessee serving on active duty, or an owner/lessee who died while serving on active duty or remains listed as missing in action.

All four of the following statements must be true in order to be considered for this exemption:

1. I am/was a member of the Arizona National Guard regular or reserve component.
2. I served in Operations Enduring Freedom or Noble Eagle.
3. I am the owner/lessee of the vehicle described above.
4. The vehicle was currently registered in Arizona on the date I was called to serve in Operations Enduring Freedom or Noble Eagle.

Service Information

Name (first, middle, last, suffix)		Military Rank
Military Service Number	Branch of Service	Unit Designation
Date of Service	Discharge Date (if applicable)	Release Date From Active Duty*

*If surviving spouse or personal representative, enter date of death of vehicle owner/lessee or date listed as missing in action.

I certify that all of the statements made above are true, complete and correct.

Owner/Lessee Signature

Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

I certify that the Service Information above is true, complete and correct.

Signature of Commanding Officer or Staff Judge Advocate	Date
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